

FILED DEC 7 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH39889
State File No. 61

1050

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4313 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. LENGTH OF STAY (In this place) 14 YRS	c. CITY OR TOWN MILAN
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) LORENZO c. (Last) MARLAY		4. DATE OF DEATH (Month) (Day) (Year) NOV 25 1954	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 21 1868
9. AGE (In years last birthday) 86		9. AGE (In years) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAKER		10b. KIND OF BUSINESS OR INDUSTRY JEWELER	
11. BIRTHPLACE (City and State or Foreign Country) OHIO - GALION		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME LORENZO D MARLAY		13b. MOTHER'S MAIDEN NAME ANNA MARY CROGHEAD	
14. NAME OF HUSBAND OR WIFE MARY ELIZABETH MARLAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MARY E MARLAY		ADDRESS MILAN	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction (Rt lower lobe) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic phlebitis & Arteriosclerosis of Rt. Tibial artery. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydrated & malnourished	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Milan, Sullivan, MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Nov 1 , 1954, to Nov 25 , 1954, that I last saw the deceased alive on Nov 25 , 1954, and that death occurred at 11:00 a.m. from the causes and on the date stated above.			
23a. SIGNATURE Joseph S. Mayall, M.D. (Degree or title)		23b. ADDRESS Milan, Mo	
23c. DATE SIGNED 11/26/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov 27-54	
24c. NAME OF CEMETERY OR CREMATORY DEEPSPRINGS		24d. LOCATION (City, town, or county) (State) Sullivan Co. MO	
DATE REC'D BY LOCAL REG. 11-29-1954		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320	
25. FUNERAL DIRECTOR'S SIGNATURE RIGGEN'S FUNERAL SERV.		ADDRESS MILAN	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald C. Feggs*.....

Licensed Embalmer No. *378*.....

P. O. Address *Melrose*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.